PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART I

Effective October 1, 2000

Application or Docket Number

180/102/2

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY										
TOTAL CLAIMS			2]				Ė	RATE	FEE	1 I	RATE	FEE									
FOR			ナ! NUMBER FILED		NUMBER EXTRA		E	BASIC FEE		OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS			2 / minus 20=		*	1		X\$ 9=	9	OR	X\$18=										
INDEPENDENT CLAIMS			minus 3 =		<u> </u>	0		X40=	0	OR	X80=										
MU	LTIPLE DEPEN	IDENT CLAIM P	IESENT					+135=	()	OR	+270=										
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in column 2		_	TOTAL	364	OR	TOTAL										
CLAIMS AS AMENDED - PART II						and the second					OTHER										
		(Column 1)		(Colu		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
AM	Independent FIRST PRESE	* INTATION OF M	Minus	PENDEN	T CLAIM	=		X40=		OR	X80=										
								+135=		OR	+270=										
							_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE										
		(Column 1)		(Colu	mn 2)	(Column 3)	AI	DUII. FEE			ADDIT. FEET										
		CLAIMS		HIGH	IEST	(Ooldinin o)	Ì		ADDI-	1		ADDI-									
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
	Independent	* NTATION OF MU	Minus	***	T CL AIM	=		X40=		OR	X80=										
							¹ ┃	+135=		OR	+270=										
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE										
		(Column 1)		(Colu		(Column 3)		JUII. PEE 1			ADDIT. FEE										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=										
	Independ nt	* NTATION OF M	Minus JLTIPLE DEI	PENDEN	T CL AIM]=		X40=		OR	X80=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+135=		OR	+270=										
*	f the entry in colu	mn 1 is less than the	ne entry in colu	ımn 2, write	e "0" in col	umn 3.	, L	TOTAL			TOTAL										
***	If the "Highest Nu	mber Previously Pa	aid For" IN TH	S SPACE	is less tha	n 3, enter "3."	AL	_	ropriate box	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT.											